2008 PROJECT PROFILE AND VOLUNTEER ACTIVITY (PPVA) DATA COLLECTION SENIOR COMPANION PROGRAM (SCP)

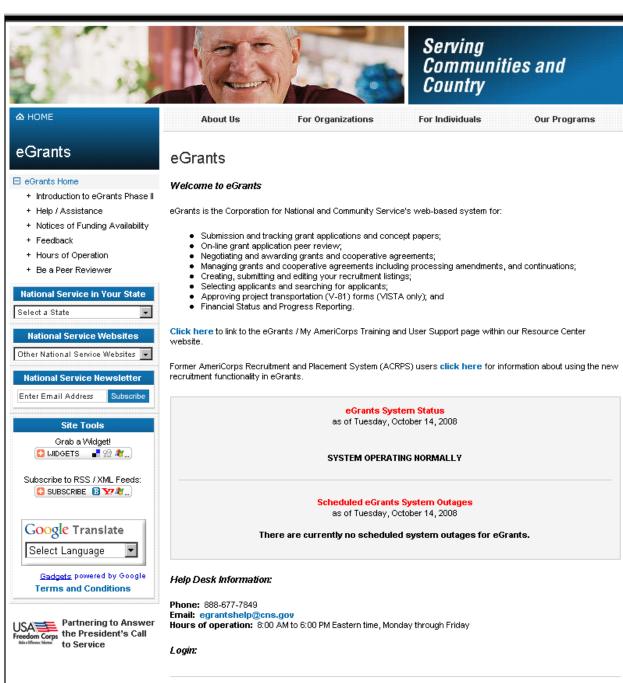
EGRANTS INSTRUCTIONS FOR GRANTEES

The following instructions with eGrants screen shots walk you through completing the PPVA report. Please see the separate "Help Text" document for descriptions of each field.

- 1. All of the fields on the PPVA form are required. Each field must be completed in order to submit the PPVA report. If there are no numbers to report for a particular data field, please enter a "0".
- **2. Please be sure to scroll down** to the end of each category to ensure all required fields are filled-in.
- **3.** You will be unable to make changes once the report has been submitted. To make changes after the submission, please contact your Corporation State Office.
- **4.** To print a copy of the PPVA report, click on the "**Print PPVA**" button on the "Review and Submit" screen.

Step (1) Log on to eGrants phase II: goto, <u>www.nationalservice.gov</u>, and click on "eGrants" under "For Organizations":

About Us	For Organizations	For
Volunteering in America Our Role and Impact Our Programs Newsroom Media Kit Materials National Service Calendar Make a Donation Employment Search Contact Us More About Us	 How Can National Service Help Our Organization? Which Program Is Right for Our Organization? New Funding Opportunities Manage Current Grants and Projects Find Volunteers and Members Tools, Training, and Information For Faith-Based and Other Community Organizations Frequently Asked Questions More for Organizations 	• Wh • I'm • Ber • Cur • Vol • Spr • Mor



Please click here to Use eGrants

After logging onto Grants Phase II you will see the following screen.

Step (2) Select the **PPVA screens under Grant Management.** This will bring up the PPVA screen.



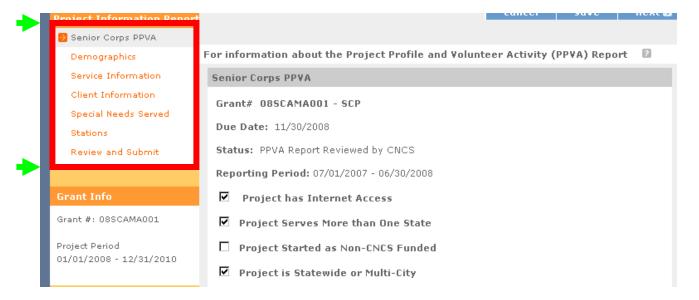
Step (3)

- Select the most current **grant number and "edit PPVA view PPVA"** will appear on the right column.
- If another grant number is selected only "view PPVA" will be seen. Select "edit PPVA" to fill-out the PPVA screen.



Step (4) The first screen shows the Reporting Period for PPVA: July 1, 2007 – June 30, 2008 and the Due Date, November 30, 2008.

You can move to different sections of the report by clicking list in the left column or by clicking the "next" button as you finish each screen. Data is automatically saved by clicking "next".



Step (5) "Demographics" is the first data category. Fill in the number of volunteers in each field.

Note: The total in each section should equal the total number of volunteers for the project. Help Text is available on the screen to explain each PPVA data category.

Demographics Service Information	the PPVA report. If there are no numbers to report for a particular data field, enter a 0. Be sure to scroll down to the end of each category to ensure completion of all required fields.				
Client Information	Client Information				
Special Needs Served					
Stations	Age Group	# of Vols			
Review and Submit	60 to 62				
Grant Info	63 to 65				
Grant #: 08SCAMA001 Project Period	66 to 74				
	75 to 84				
01/01/2008 - 12/31/2010	85 and over				
	Gender	# of Vols			
	Female				
Legal Applicant Info	Male				
City of Boston-Elderly Affairs Comm	Ethnicity	# of Vols			
One City Hall Plaza Rm 271	Hispanic or Latino				
Boston, MA 02201	Non-Hispanic or Non-Latino				
	Racial Group	# of Vols			
	American Indian or Alaskan Native				
	Asian				
	Black or African American				
	Native Hawaiian or Pacific Island				
	White				

Step (6) SCP Service Information. Fill in the number of volunteers in each field.

Service Information	Be sure to scroll down to the end of each category to ensure completion of a	ll required fields.	
Client Information	For more Information click here		
Special Needs Served			
Stations	Volunteers	# of Vols	
Review and Submit	Total number of Volunteers		
	Total Number of Non-Stipend Volunteers		
Grant Info	Total number of Volunteers who served in private homes		
Grant #: 08SCAMA001	Total number of hours served		
Project Period	Applicants	# of Vols	
01/01/2008 - 12/31/2010	Turned away as over income	# 01 4015	
Legal Applicant Info	Turned away as age 59 or younger		
City of Boston-Elderly Affairs	Volunteers Separated	# of Yols	
Comm	Employment, moved, family, new interests		
One City Hall Plaza Rm 271	Health problems, death		
Boston, MA 02201	Transportation problems		
	Income became over allowable guidelines to receive stipend		
	Poor performance		
	Hours Served	# of Vols	
	Number of Volunteers serving 15 - 19 Hours per week		
	20 - 29 Hours per week		
	30 - 40 Hours per week		
	Volunteer Leaders	# of Vols	
	Number of Senior Companion Leaders		
	Senior Companions recruited by Senior Companion Leaders		
	Community Volunteers recruited by Senior Companion Leaders		
	Volunteer Client Ratio	# of Yols	
	Serve 1 client weekly		
	Serve 2 clients weekly		
	Serve 3 - 5 clients weekly		
	Serve 6 - 10 clients weekly		
	Serve 11 or more weekly		

Step (7) SCP Client Information: Fill in the number of clients in each field.

Service Information	For more Information click here	
Client Information	ror more Information click here	
Special Needs Served		
Stations	Clients Served	# of Clients
Review and Submit	Total number of clients served	
	Number of potential clients awaiting services of a Senior Companion	
Grant Info	Ages of Clients Served	# of Clients
Grant #: 08SCAMA001	Ages 22 - 44	
Project Period 01/01/2008 - 12/31/2010	Ages 45 - 64	
	Ages 65 - 74	
	Ages 75 - 84	
Legal Applicant Info	Ages 85 or higher	
City of Boston-Elderly Affairs		

Step (8) SCP Special Needs Served

Each type of special need served has 2 columns: "# of Vols", "# of Clients"

- "For # of Vols", please fill in the number of volunteers. If zero then please enter a "0"
- "# of Clients", please fill in the number of volunteers. If zero then please enter a "0"

Special Needs Served			
Stations Review and Submit	Special Needs	# of Yols	# of Clients
	Alzheimer's Disease		
Grant Info	Chronic Care Disabilities/Frail Elderly		
Grant #: 08SCAMA001	Developmentally Disabled Adult		
Project Period 01/01/2008 - 12/31/2010	Emotionally Impaired Adult		
	Hearing Impaired Adult		
	Short-Term Disabilities		
Legal Applicant Info	Substance Abuse (Adult)		
City of Boston-Elderly Affairs Comm One City Hall Plaza Rm 271 Boston, MA 02201	Terminally Ill Adult		
	Visually Impaired Adult		
	Caregivers receiving respite through Senior Companion Services		
	Other Special Needs		

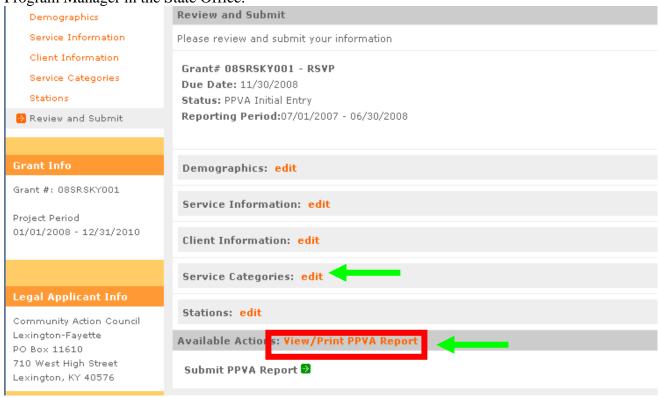
Step (9) Faith-based Stations: Fill in the total number of faith-based volunteer stations and the number of total volunteers serving with these stations.

Note: Other Volunteer Station is collected via the Station Rosters submitted to the State Office at the time of the grant application submission



Step (10) Review and Submit:

- Click on "View/Print PPVA Report" to confirm your responses.
- If you need to change any responses you can do so by clicking "edit" in the appropriate section(s).
- After editing, click "View/Print PPVA Report" again to confirm your answers are correct. Click "Submit PPVA Report" to complete the final step. This step submits your report to your Program Manager in the State Office.



Questions? Please contact your Program Manager in the Corporation State Office.